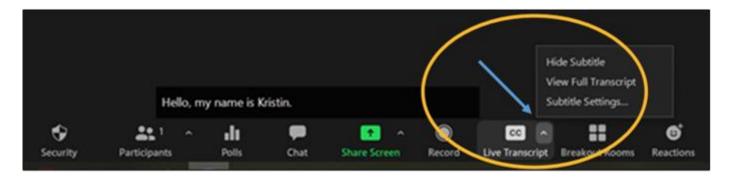
Closed Captions

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For English Closed Captions:



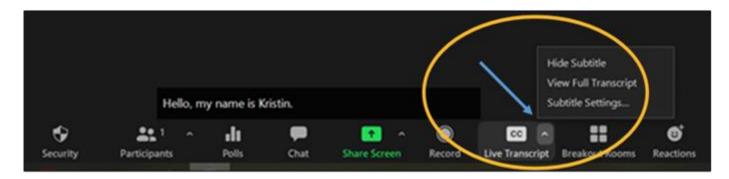
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State Health Assessment Steering Committee Meeting January 13, 2025

Closed Captions

- Pueden acceder a los subtítulos en español a través del enlace compartido en el chat.
- For English Closed Captions:



Click the small arrow next to "CC Live Transcript" to access caption controls. You can hide the subtitles or view the full transcript.

Public Meeting

Members of the public welcome!

Conversation space is held for committee members

- We will hold space for public comments in the final 10 minutes of the meeting.
 - If there are multiple members of the public who would like to speak we will limit speaking time to 2 minutes per person

Agenda

- Welcome back! Relationship Connection Opportunity
- Arc of the 2025 Work
- SHA Update
- SHIP Overview/ Role of Steering Committee
- Lessons Learned: CHIP/ Previous SHIP
- Next steps, public comments

OHA Staff

- Jameela- Steering Committee+ Community Engagement Lead
- Rose- SHA Data/Assessment Lead
- Victoria- SHA Lead, Internal Engagement and Communications
- Sara- Manager; Fiscal and Leadership Support
- Cintia- Healthier Together Oregon Strategist











MetGroup Facilitation Team







Kirsten Gunst, Senior Director

Debra Clark, Director

Kristin Gimbel, Executive Vice President

Group Agreements

- **1. Lean forward, lean back**. Share space. Allow room for different opinions. Don't be afraid to share your perspective! This is a judgment-free zone.
- **2. Curiosity is queen.** Be open to continuous learning along the way.
- **3. Explain and unpack** *jargon and acronyms.*

- 4. Be present, be authentic. Show up as fully as you can in the way that is most comfortable for you. ("Be present, be authentic", as a way to invite others to feel comfortable being present at the table as themselves, and meet others in the same way?)
- 5. Honor all experiences and expertise.

 Appreciate others as human beings with abundant and interconnected experiences.
- **6. Extend grace to each other and to ourselves.**Assume best intentions.

Relationship Building Opportunity

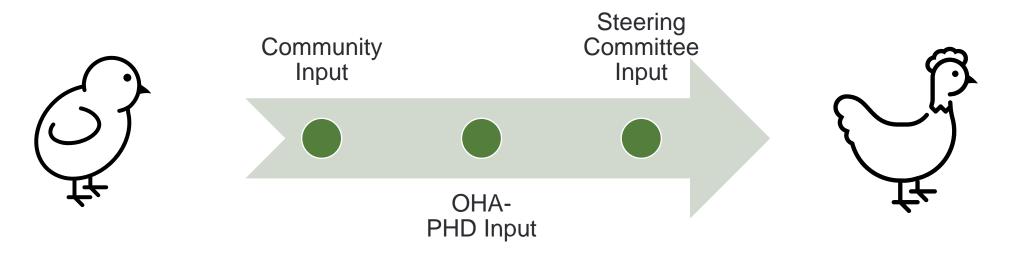
What is your motivation or inspiration related to this work as we enter 2025?



Arc of our work: SHIP Redevelopment 2025

2025: SHIP redevelopment

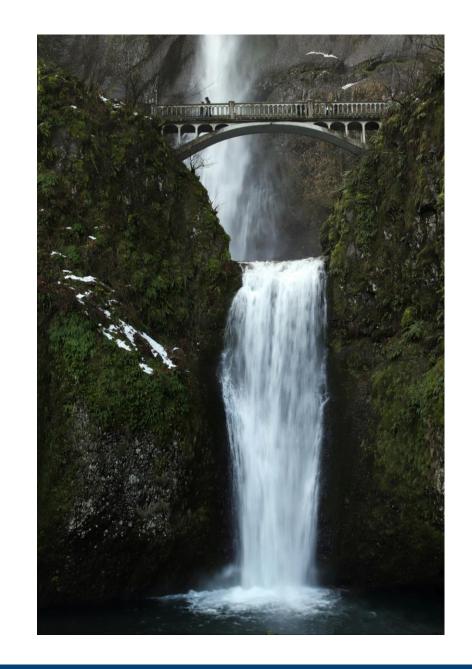
We're updating the previous SHIP and not creating a brand-new product



2020-2024 SHIP 2025-2029 SHIP

Late Winter/Early Spring

- Feb 2025: Discuss and finalize proposed Priorities
 - This will go out to community for input
- Engage with Subject Matter Experts
 - Discuss and identify strategies that address shared health priorities and goals
 - Possible overview of Tribes in Oregon presentation
 - OHA Strategic Plan Alignment



Late Spring/Early Summer

 Community input about priorities will be shared with the Steering Committee

 Steering Committee will finalize recommendations on SHIP Priorities

Compose list of SHIP strategies for community input



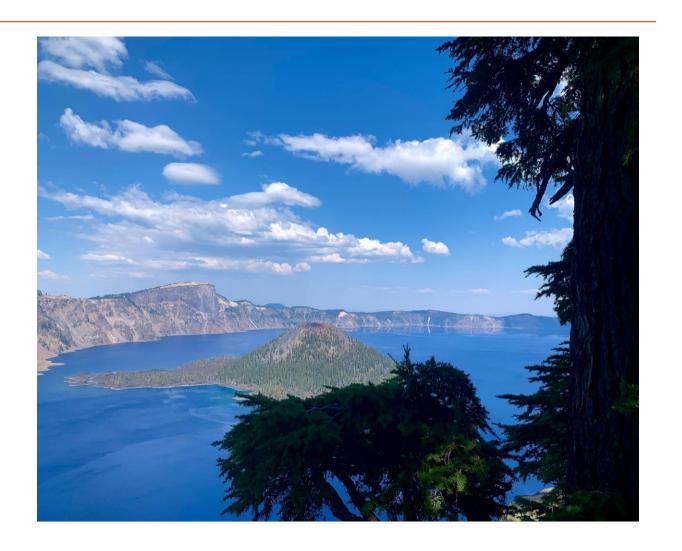
^{*}Possible in-person meeting

Summer 2025

Discuss Indicators aligned with Priorities

Community engagement/input about possible strategies

Final recommendations SHIP Strategies



Early Fall 2025

Finalize SHIP recommendations

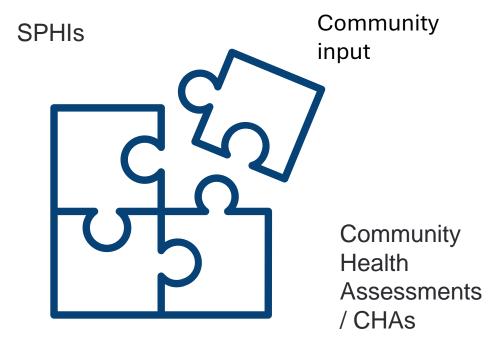
Reflections and celebration



SHA Update

 Based on Steering Committee feedback- we've changed how we are writing and framing out our SPHIs

 We hope to provide a draft to the SC in February



Public Health System Workforce Assessment

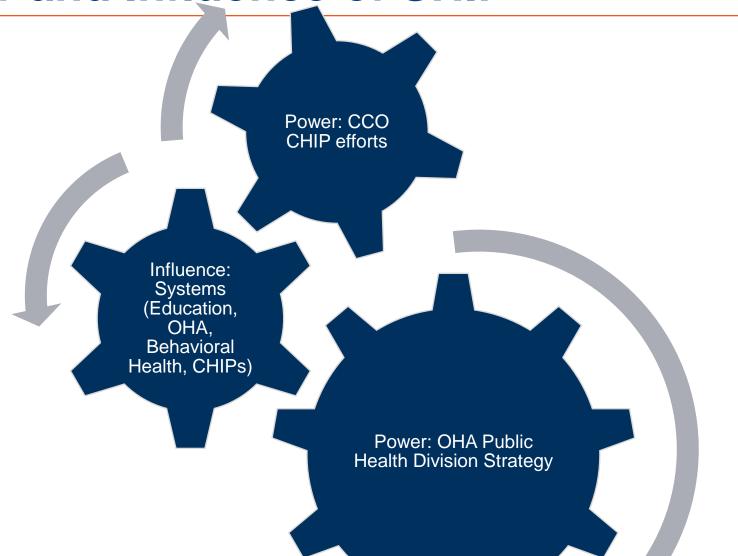
State Health Improvement Plan

 A roadmap that outlines strategies to address our state's biggest health priorities

• Inform policy, partnerships, and investments for OHA and other state agencies. Alignment with OHA's strategic Plan.

 Healthier Together Oregon (HTO) was the first time this process prioritized community voice

Power and Influence of SHIP





2020-2024 SHIP Priorities

- Institutional bias
- Adversity, trauma, and toxic stress
- Behavioral health
- •Economic drivers of health, such as housing, transportation and living wage jobs
- Access to equitable preventive health care

What happened:

- COVID-19
- Established a PartnerSHIP- Community Oversight Group
- Provided small grants to partners for CHIP projects
- In partnership with Benton County Provided 20 CHW scholarships
- Many lessons learned related to capacity, scope and opportunities for deeper collaboration

Role of this Steering Committee

 Using your individual, personal and professional lens/networks provide guidance and recommendations to OHA Staff

Establish Priorities for 2025 SHIP

Identify preferred Strategies



Let's talk about CHA/CHIPs

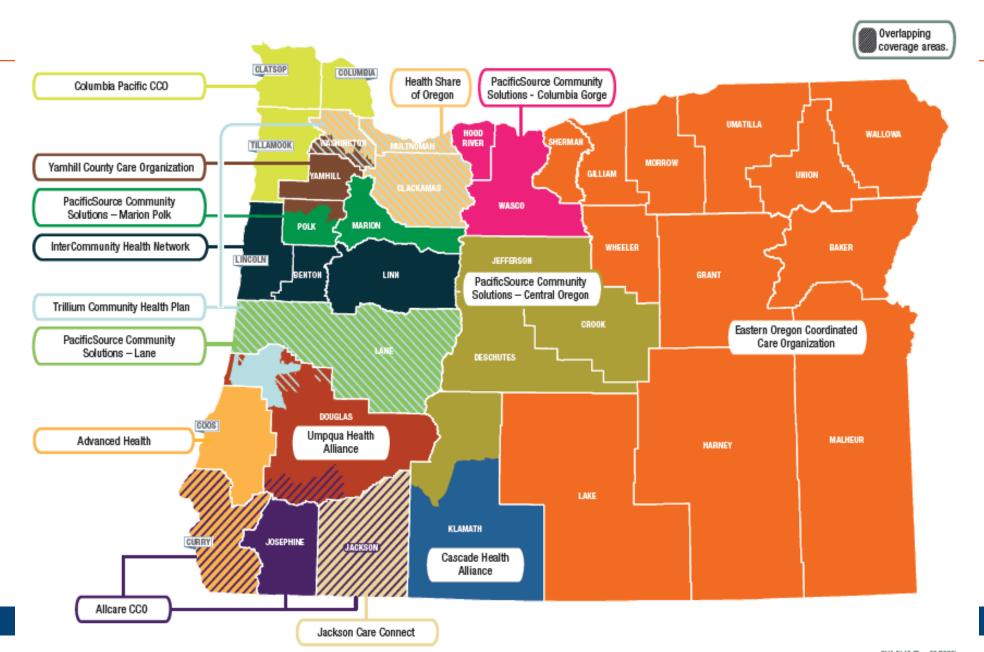
Community Health Improvement Plan

 Every 3-5 years CCOs, Local Public Health Authorities, Hospitals and community members come together to do community health assessments and then they develop community health improvement plans

 CCOs are required to perform certain activities to align with the SHIP.

Coordinated Care Organization 2.0 Service Areas





Let's talk!

Many folks from the Steering Committee are members of their local Community Health Assessment (CHA) and/or Community Health Improvement Plan(CHIP) teams. Many of you have shared that this is what brough you to SHIP work.

We'd love to hear from you!!

Discussion/Break Out Rooms

What reflections and insights would you like to share about CHIP work?

- What was your experience? What worked well when designing your CHIP?
- Lessons learned?
- What are some areas of opportunity or places for better alignment with the SHIP?

How does SHIP impact your efforts on a local level?

Lessons Learned; review of CHA/CHIPs

- The priority areas of alignment with HTO that was present among the CHAs and CHIPs are:
 - Behavioral health
 - Economic drivers of health
 - Access to equitable preventive healthcare
- The priority areas with little to no alignment with HTO are:
 - Institutional bias
 - Adversity, trauma, and toxic stress

Lessons Learned; review of CHA/CHIPs

- Potential emerging priorities:
 - Sense of connection and belonging
 - Cross-sector collaboration
 - Environmental health

Lessons learned: Public Health Division

Starting Point Assessment

Engaged two groups for feedback:

The PartnerSHIP (HTO implementation SC)

OHA PHD leadership

- PartnerSHIP More resources needed; long-term focus on aligning community level work with SHIP priorities.
- PHD leadership Division leadership and program staff must be engaged early and sustained throughout.

Next up

• January 29, 2025- Community Engagement Subcommittee Conversation

 February 2025: SHIP proposed Priorities (we will take these and get community input)

Public Meeting

- Members of the public welcome!
- Conversation space is held for committee members

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 - If there are multiple members of the public who would like to speak we will limit speaking time to 2 minutes per person

Thank you!

Contact Jameela Norton with any questions, concerns, thoughts, or feedback you'd like to share jameela.norton@oha.Oregon.gov



Extra/Reference Slides

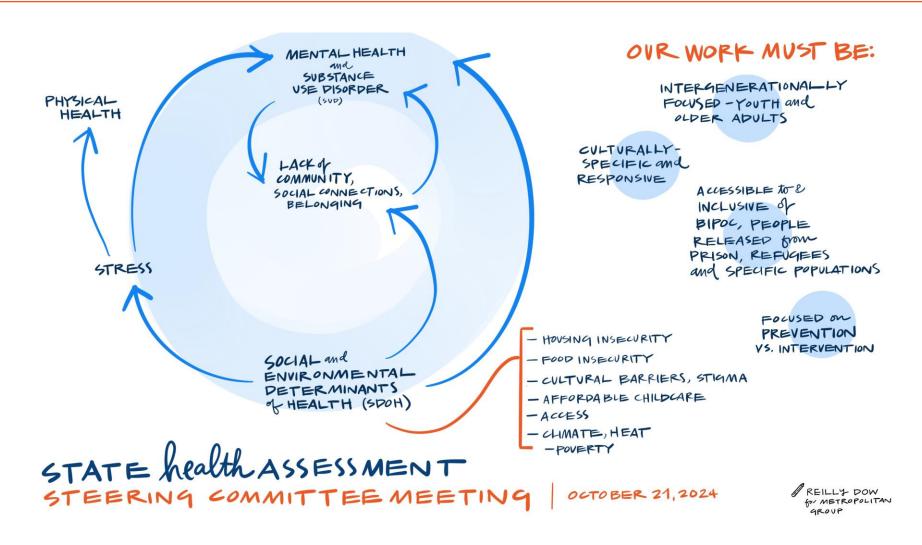
Acronym Check

- CBO- Community Based Organization
- CHA- Community Health Assessment
- CHIP Community Health Improvement Plan
- LPHA- Local Public Health Authority
- OHA- Oregon Health Authority
- PHD- Public Health Division
- SHA- State Health Assessment
- SHIP- State Health Improvement Plan

Acronym Check Continued

- SPA Starting Point Assessment
- REALD- Race Ethnicity, Language and Disability
- SOGI- Sexual orientation or gender identity
- Census- United States Census
- BRFSS- Behavioral Risk Factor Surveillance Survey
- SPHI- State Population Health Indicator

Health Topic Priorities



GAP TOPIC AREAS

INFECTIOUS DISEASE

- PREVENTABLE ILLNESSES
- COVID

CHRONIC DISEASE

- AUTOIMMUNE
- INFLAMMATION DISEASES
- SCIATICA
- · ARTHRITIS
- DIABETES
- LUNG DISEASES
- HEART DISEASE
- RESIDUALS of STROKE

INJURY VIOLENCE PREVENTION

- · YOUTH VIOLENCE
- SHOOTINGS
- DOMESTIC VIOLENCE
- VIOLENT CRIMES & HOMICIDES
- · HOMELESS WOMEN
- INCARCERATED POPULATION
- · MOTOR VEHICLE ACCIDENTS
- FALLS FROM OLDER ADULTS
- SHICIDE

BEHAVIORAL HEALTH 1 (GAPTOPIC AREAS)

- TRAUMATIC RESPONSE FOR NEURODIVERSE COMMUNITIES
 - SUBSTANCE ABUSE

MENTAL HEALH

OVERDOSE

SuiciDE LONELINESS

HISTORICAL TRAUMA

PREGNANCY/BIRTH/

REPRODUCTIVE HEALTH

LANGUAGE & CULTURAL BARRIERS

SOCIALL

HEALTH

CHILDHOOD LEAD EXPOSURE

DEATH FROM HEAT & COLD

EMERGENCY PREPAREDNESS LANGUAGE & CULTURAL BARRIERS

ACCESS TO HEALTH CARE

WILDFIRES & DRINKING WATER

BLOOD LEAD LEVELS

CLIMATE CHANGE

FOOD SECURITY

AIR QUALITY

SCARCITY

ENVIRONMENTAL

RACIAL INEQUITY IN BIRTH OUTCOMES

HOMELESSNESS VV (INFLUENCES ALL OF THE ABOVE)

· HOUSING & SHELTER

< CONNECTION PREVENTION

OF CULTURE BEYOND RACE ETHNICITY

> BRING IN TRADITIONAL HEALTH CARE

GENERATE INCLUSIVE & TRUST WORTHY ACCESS FOR ALLI

OPPORTUNITIES FOR LONG TERM HOLISTIC HEALTH

OCTOBER 28, 2024

ANDRE MEDINA FOY METROPOLITAN

DRUG USE

STATE health ASSESSMENT

STEERING COMMITTEE MEETING

OHA's Definition of Health Equity

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity <u>requires the ongoing collaboration of all regions and sectors of the state, including tribal governments</u> to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

HTO operationalizes the collaboration required to advance OHA's goal of eliminating health inequities by 2030.

We look forward to connecting with you again in 2025

Jameela Norton, MPH
Health Improvement Strategy

Jameela.norton@oha.Oregon.gov

Public Health Division

Office of the State Public Health Director

